DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: ORCHARD HILLS (510381)

Address: 1405 TRUAX BLVD, EAU CLAIRE, WI 54703

License Status: REGULAR

Licensed/Certified/Registered 10/01/1999

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History					
Survey ID: 0094867	End Date: 04/29/2005	Type: OTHER	Purpose: SURVEY		
Results: NO STATEMENT OF DEFICIENCY ISSUED					
Survey ID: 0092246	End Date: 03/11/2004	Type: STANDARD	Purpose: SURVEY		
Results: ENFORCEMENT ACTION					
Statement of Deficiency: #10006338 Served 03/29/2004					
83.14(1)(d) FIRE SAFETY, F. 83.14(3) INITIAL TRAINI		Subject Area UNIVERSAL PRECAUT FIRE SAFETY, FIRST AI INITIAL TRAINING ME CONTINUING EDUCAT	AID & CHOKING MEDICATIONS		Corrected

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 03/25/2004 SOD #10006338 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

FORFEITURE---83.14(1)(c)

FORFEITURE---83.14(1)(d)

FORFEITURE---83.14(3)

FORFEITURE---83.14(7)(b)

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Complaint History

Date Complaint Received: 03/23/2006 Date Investigation Completed: 06/26/2006

Subject Area(s) Result SOD #

RESIDENT BEHAVIOR/FACILITY PRACTICE NOT SUBSTANTIATED

MEDICATIONS SUBSTANTIATED 10010036